

State of MinnesotaCounty **District Court**Judicial District: Court File Number: Case Type: Name Change

In the Matter of the Application of (current name):

First	Middle	Last

For a change of name to (new name):

First	Middle	Last

**Application for Name Change
(Minn. Stat. § 259.10)**

The undersigned applicant sworn/affirmed on oath states that:

1. This application is made in good faith, without intent to defraud or mislead.
2. All persons who are asking to have their names changed on this application have lived in the State of Minnesota for at least six months immediately prior to the date of this application, and now live at:

	No.	Street	
City/Town	State	Zip	County

3. Name of applicant and date of birth:

4. Name of applicant's spouse and date of birth:
This application ☐ does ☐ does not include spouse.

5. Name(s) of minor child(ren) and date(s) of birth:

☐ This application does not include minor child(ren) listed above.☐ This application includes the following minor child(ren) listed above:

6. The name and address of the non-applicant parent is:

7. Applicant requests:

☐ To have his/her name changed to ☐ To have the name of his/her spouse changed to ☐ To have the names of his/her minor child(ren) changed to

8. The criminal history of the following parties included in this application is:

The following parties included in this application have been convicted of a felony:

List name, date of offense, and state. If no criminal history, write "No criminal history." If no felony convictions, write "No felony convictions."

9. Legal description of lands in the State of Minnesota upon which the following have a claim, interest, or lien: (Provide the legal description and attach additional pages if necessary)

☐ Applicant ☐ Spouse ☐ Child(ren)

10. ☐ I am currently involved in a victim or witness protection program.

11. ☐ I am an inmate in a correctional facility, and have attached the Inmate Affidavit for Name Change.

12. Other: _____
_____.

Date: _____

Co-applicant's Signature (Spouse)

Applicant's Signature

Minor's Signature (14 or older)

Address

City State Zip

() _____
Telephone Number

State of Minnesota

Verification

County of _____

_____, being duly sworn on oath, says that he/she has read the foregoing application and knows the contents thereof, and that the same is true of his/her own knowledge.

Sworn/affirmed before me

Date: _____

Deputy Court Administrator / Notary Public

Applicant's Signature

My Commission Expires

Co-applicant's Signature